

Waterfalls counseling....Where Life Flows!

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Welcome to Waterfalls Counseling

We are pleased that you have considered coming to Waterfalls for counseling. Counseling is a very personal shared interaction and should not be entered into lightly. We present this information in an effort to make you familiar with our procedures in advance.

HOURS

Our counselors are seen by appointment only. Counseling hours and days may vary, depending upon the counselor and the counselee's needs. Evenings and Saturdays are available. Jennifer can be reached at 614.584.3835. This is a confidential line. Phone calls are returned within 24 Hours.

Please note that Waterfalls Counseling is located in the same facility as Radiant Living and The Garden Herb Shop.

SERVICES AND FEE SCHEDULE

Our fees – Individual -1st session \$100.00, subsequent sessions \$75.00, Couples 1st session \$125, subsequent sessions \$85.00 are payable at each visit. Normal session length is 50 minutes. The fee includes additional time for the counselor to make notes, fill out assessment forms, make telephone calls and referrals when needed, and to plan for the future sessions. Every effort will be made to begin and end promptly, but our commitment to respond to priority needs, such as psychological emergencies, may require you to be flexible and understanding.

Waterfalls only accept cash or check for visits. If requested we can provide you with a statement of services for your insurance company.

WHAT CAN YOU EXPECT ON YOUR FIRST VISIT

Your first visit to Waterfalls Counseling is a time for you to begin to know me and how I operate, and for us to get to know you and your concerns. During your first visit, you can expect the counselor to:

1. Inquire about concerns.
2. Inquire about your background.
3. Review our policies and procedures.
4. Answer your questions.

HELPFUL HINTS FOR YOUR FIRST SESSION

1. Bring the forms that your counselor asked you to fill out in advance, that they either mailed to you or requested you download from our website.
3. Be prepared to pay for the session in full.
4. Make a list of ideas you want to talk about.
5. Make a list of questions that you have.
6. Remind yourself that asking questions during the session is a valuable thing to do.

CHILDREN

Because we care about the safety and well-being of your family, we prefer that you find appropriate care for your children. If not we ask that you provide supervision for your children in the waiting area if you have to bring them along with you to the counseling office.

CONFIDENTIALITY AND LIMITS OF CONFIDENTIALITY

Professional standards regarding confidentiality are adhered to by our entire staff. *Statutes require and/or permit us to notify specified others in situations of expected homicide, suicide, and child abuse or neglect.*

Waterfalls Counseling Client's Rights

The services, programs, and facilities of Waterfalls Counseling are provided in a non-discriminatory basis, as required by the Civil Rights Act of 1964. All residents of Franklin and surrounding counties are eligible for services without discrimination on account of race, creed, color, religion, sex, national origin, age, handicap, or ancestry. Participants in the services offered by Waterfalls Counseling are entitled to rights and grievance procedures as required by Ohio Revised Code 5119.61 for Waterfalls Counseling and as provided for by Ohio Department of Mental Health Rule #5122: 2-1-02.

For Your Understanding

1. This information is provided at the intake or the very next appointment.
2. I, will provide an oral explanation of the rights of most interest to you.
3. A complete copy of Client's Rights Policy and Grievance Procedure is provided to you herein.

Client's Rights

Each client has the following rights:

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
2. The right to service in a humane setting which is the least restrictive feasible as defined in the treatment plan;
3. The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives;
4. The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent to or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor client;
5. The right to a current, written, individualized service plan that addresses one's own mental health, social and economic needs and that specifies the provision of appropriate and adequate services, as available, either directly or by referral;
6. The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan;
7. The right to freedom from unnecessary or excessive medication;
8. The right to freedom from unnecessary restraint or seclusion;
9. The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or other service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written into the clients' current service plan;
10. The right to be informed of and refuse any unusual or hazardous treatment procedures.
11. The right to be advised of and refuse observation of techniques such as one-way vision mirrors, tape recorders, television, movies, or photographs;
12. The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense;
13. The right to confidentiality of communications and of all personally identifying information with the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parents or legal guardian of a minor client or court appointed guardian of the person of an adult client in accordance with rule 5122.2-3-11 of the administrative code;
14. The right to have access to one's own treatment unless access to particular, identified items of information is specifically restricted for the individual client for clear treatment reason in the client's treatment plan. Clear treatment reasons shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is imminent risk. The person restricting the information shall explain to the client factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of agency policy and procedures for viewing or obtaining copies of personal records;
15. The right to be informed in advance of the reason's for discontinuance of service provision, and to be involved in planning for the consequences of that event'
16. The right to receive an explanation of the reasons for denial of service;
17. The right not to be discriminated against in the provision of service on the basis of religion, color, creed, sex, national origin, age, life-style, race physical or mental handicap, or developmental disability.
18. The right to know the cost of services;
19. The right to be fully informed of all rights;
20. The right to exercise any and all rights without reprisal in any form including continued uncompromised access to service.
21. The right to file a grievance; and
22. The right to have oral and written instructions, for filing a grievance.

CLIENTS RIGHTS OFFICER

Clients Rights Officer is available to assist clients with all aspects of client rights and the grievance procedure.

This information is required by the Ohio Counselor, Social Worker, Marriage and Family Therapist Board which regulates all licensed counselors.
Counselor and Social Worker, Marriage and Family Therapist Board: 50 W. Broad St., Ste. 1075, Columbus, OH 43215-5919 *614-466-0912